

FILED FEB 13 1942

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

72

1. PLACE OF DEATH:

- (a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 319 N. KANSAS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME AMANDA ALICE HOWELL

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec 26 years
7. Birth date of deceased Feb 26 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Madison Co. Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business In home

12. Name Unknown Hunt
13. Birthplace Unknown Ky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Hunt
(b) Address Springfield Mo.
17. (a) Burial (b) Date thereof Jan 28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director J. W. Gungor
(b) Address Springfield Mo.
19. (a) 1-28-42 (b) W. E. Haidley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 319 N. Kansas
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 4 1941 to 1-26- 1942
that I last saw him alive on 1-26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia of both lungs
Due to _____
Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Pneumonia
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. A. Robertson (M. D. or other) M.D.
Address Springfield, Mo. Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.